

#### REGISTERED NURSING EDUCATION PROGRAM

#### **Request for Application**

## <u>CAPITATION</u> <u>SPECIAL PROGRAMS</u>

California Healthcare Workforce Policy Commission 1600 9<sup>th</sup> Street, Room 440 Sacramento, California 95814 (916) 653-0733

January 2006

**REQUEST FOR APPLICATION** 

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#### **SCHEDULE AND DEADLINES**

**January 23, 2006** Release of Request for Application (RFA).

Post RFA on the California Healthcare Workforce Policy Commission (Commission) web site at: <a href="http://www.oshpd.ca.gov/Boards/HWPC/index.htm">http://www.oshpd.ca.gov/Boards/HWPC/index.htm</a>

March 1, 2006 APPLICATION DUE. Completed application must

be received at the Commission office by 5:00 p.m. on due date. (Due date postmarks will not be

accepted.)

March 2 – April 6, 2006 Review of applications

**April 20, 2006 Commission meeting:** Presentations by nursing

programs; award of funds

April 24, 2006 Send notices to awardees and non-eligible

applicants. Post and announce final Song-Brown Registered Nursing Education Program awards on

the Commission web site.

April 24 – June 12, 2006 Write contracts

May 1 – June 12, 2006 Send contract agreements to nursing programs for

signatures

**June 1 – 30, 2006** Contract approvals by Department of General

Services - Legal Office

July 1, 2006 – June 30, 2007 Contracts effective

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#### **AUTHORITY:**

Pursuant to the Song-Brown Family Physician Training Act, Health & Safety Code Sections 128200, et. seq., (see Attachment) the California Healthcare Workforce Policy Commission (Commission) will be accepting applications from programs that educate registered nurses (RNs) and which meet the standards and guidelines promulgated by the Commission (on pages viii-xxiii).

#### **FUNDING:**

#### **FUNDING CATEGORIES:**

#### 1. CAPITATION:

A capitation cycle represents the amount of Song-Brown funding for the registered nursing education program to support one additional RN faculty position. Each RN faculty position will support a minimum of 10 additional RN students. A total of \$2.25 million will be available for Capitation awards.

Capitation cycles are funded for a two-year cycle at a capitation rate of \$75,000-\$80,000 per year per RN faculty position (\$75,000-\$80,000 per position per year x 2 years). Funding amounts are based on the number of cycles awarded to the applicant by the Commission. Programs awarded capitation cycles will enter into a contract with the Office of Statewide Health Planning and Development (OSHPD) for the fiscal period beginning on July 1, 2006 and ending on June 30, 2008. Payments will be made on a quarterly basis (every three months) upon receipt of an invoice from the program. The program must provide documentation to support the total number of nursing students agreed to in the contract throughout the quarter.

#### 2. SPECIAL PROGRAM:

A total of \$500,000 will be available for Special Program awards. A maximum single award of \$125,000 will be awarded for a project no longer than 2 years in length. Special Program awardees will be required to demonstrate how the funds sought will increase the number of RN students that will graduate annually. These special programs may include the development phase of new registered nursing programs; the development of courses or programs that assist students in successfully passing the National Council Licensure Examination (NCLEX) for registered nurses; the development of a graduate level nursing program that prepare nurses to become nursing faculty; infrastructure to support expanded educational capacity; clinical or preceptorship experiences that link nursing education programs with medically underserved communities; other programs consistent with statutes and activities of the Commission.

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Although, indirect costs are acceptable expenses, they will not be provided over and above the total award amount. In order to maximize the funds available for program development, we recommend applicants waive or minimize the indirect cost rate they request.

#### **CRITERIA:**

Section 128230 of the Song-Brown Act requires that:

- "...the commission shall give priority to programs that have demonstrated success in the following areas:
  - (a) Actual placement of individuals in medically underserved areas.
  - (b) Success in attracting and admitting members of minority groups to the program.
  - (c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
  - (d) Location of the program in a medically underserved area.
  - (e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund."

#### **ELIGIBILITY:**

All accredited California Schools of Nursing located within California are eligible to apply for Capitation or Special Program funding. All nursing education programs applying for Song Brown fund must meet the standards and guidelines adopted by the Commission (see pages viii-xxiii). Programs may apply for funding of projects beginning no earlier than July 1, 2006 and ending no later than June 30, 2008. Programs may be funded for two years.

#### **AWARDS**:

Recommendations for the award of contracts will be made by the Commission to the Director of OSHPD. Such recommendations will be made after review of the responses to this request for applications at a public meeting of the Commission scheduled for April 20, 2006. Awarded programs will be required to submit biannual progress reports and a final report complete with data outcomes on the Special Program/Capitation at the end of the funding period.

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#### **QUESTIONS:**

Questions regarding the Request for Application (RFA) and the review process may be submitted to OSHPD by contacting:

Konder Chung at (916) 654-2884, via e-mail at: <a href="mailto:kchung@oshpd.ca.gov">kchung@oshpd.ca.gov</a> or by FAX at (916) 654-3138.

#### **APPLICATION INFORMATION:**

The applicant is to submit one signed original and seventeen (17) copies, for a total of eighteen (18) complete applications to the following address:

Office of Statewide Health Planning and Development Healthcare Workforce and Community Development Division 1600 9<sup>th</sup> Street, Room 440 Sacramento, CA 95814

Attn: Konder Chung

#### **DEADLINE:**

The application must be received at OSHPD by 5:00 p.m. on Wednesday, March 1, 2006. No extensions of the due date and/or time will be granted.

PLEASE NOTE: Acceptance of applications will <u>NOT</u> be based on postmarks. It is the applicant's responsibility to ensure that the applications are received by the deadline.

#### INVITATION:

The Commission invites the Program Director, or other authorized representative of the program to be present at its meeting on April 20, 2006, to provide a 7 to 10-minute summary of the proposed application and answer any questions the Commission might have. Applicants are strongly encouraged to attend the Commission meeting and remain until funding decisions are made in order to be available to answer questions regarding the program and/or application which may arise subsequent to the presentation by the program. The applicant institution's representative should be prepared to amend the request if the Commission suggests that such an amendment would enhance the application's chances. Presentations will be heard by the Commission in the order that applications are received by OSHPD.

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#### **INSTRUCTIONS:**

- 1. The application must be:
  - Typewritten, word-processed, or laser-printed
  - Single-spaced, double sided
  - No less than 12 point true type font
  - Numbered at the bottom of the page
- 2. Staples or binder clips are acceptable for fastening the application together. Do not use rubber bands, paper clips or folders. Please do not submit applications in folder/binders of any kind.
- 3. Applications may be hand-delivered, mailed, or air-expressed. Applicants sending their proposals via regular United States postal mail or United Parcel Services should allow sufficient time for delivery by 5:00 p.m. on March 1, 2006.
- 4. All applicants must complete the face sheet and Sections I through VI for Capitation and Sections VII to XIV for Special Programs. The addendum may be completed if applicable.
- 5. The individual who is to direct the proposed program and who will be responsible for the program shall be designated as the **Program Director**. This person will also be the one to sign the invoices. **All originals must be signed in blue ink**.
- 6. The institution which will be legally and financially responsible and accountable for all State funds awarded on the basis of this application shall be designated as the **Contract Organization**. This will be with whom the contract is written. Please provide the name of the current Contract's Officer, their title/section, phone number, fax number, and the address where the contract should be mailed.
- 7. If any acronyms or abbreviations are used, please include an acronym and definition page.
- 8. Any revisions to materials originally submitted in your request for application must be sent to Konder Chung, at the address on page v, prior to the Commission meeting of April 20, 2006. No new or revised materials may be handed to the Commission members during the Commission meeting without prior approval.

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- 9. Any changes of Program Director or Contract Organization during the contract period must be made known to OSHPD, attention Konder Chung, by formal letter as soon as possible.
- 10. Unless otherwise directed within the application, use continuation pages (a maximum of three pages per item) if additional space is needed to complete any item. Identify each item with its title and attach it to the appropriate page of the application. Please number these continuation pages using the following: Page 2, Page 2a, Page 2b, etc. The description of up to six (6) key faculty members should be limited to one page per faculty member using the form contained in the application (page 16).

This application is available via e-mail in Microsoft Word format. Please submit your requests to:

Konder Chung (916) 654-2884 kchung@oshpd.ca.gov

or

Michael Zamora (916) 657-2607 mzamora@oshpd.ca.gov

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# SONG-BROWN FAMILY PHYSICIAN TRAINING ACT STANDARDS FOR REGISTERED NURSING EDUCATION PROGRAMS PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et. ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION

(Prepared December 2005)

- I. Each Registered Nursing Education Program approved for funding under the Song-Brown Family Physician Training Act (hereinafter "the Act") shall be operated by an accredited California School of Nursing or shall be approved by the Regents of the University of California or by the Trustees of the California State University and Colleges, or the Board of Governors of the California Community Colleges, and shall be approved by the Board of Registered Nursing pursuant to Section 2834-2837, Article 8, Chapter 6, Div. 2, of the Business and Professions Code.
- II. Each Registered Nursing Education Program approved for funding under the Act shall include a component of clinical experience and curriculum in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare nurses for service in such neighborhoods or communities.
- III. Appropriate strategies shall be developed by each nursing education institution receiving funds under the Act to encourage nursing students who are educated in programs funded by the Act to enter into practice in underserved areas for nurses within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:
  - A. An established procedure to identify, recruit, and admit nursing students who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
  - B. An established counseling and placement program designed to encourage nursing program graduates to enter practice in underserved areas.
  - C. A program component such as a preceptorship experience in an underserved area, which will enhance the potential of nursing program graduates to practice in such an area.

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## CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION REGISTERED NURSING EDUCATION PROGRAMS GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION (Prepared December 2, 2005)

#### **Definition of Nurse**

A nurse is a registered nurse who successfully completes a program approved as meeting standards established by the Board of Registered Nursing as specified in the California Nursing Practice Act. The practice of nursing as defined by Section 2725 of the California Nursing Practice Act means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

- (1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.
- (2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.
- (3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.
- (4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

Graduates of registered nursing programs are required to take the National Council Licensure Examination (NCLEX). The NCLEX is designed to test knowledge, skills and abilities essential to the safe and effective practice of nursing at the entry level. The results of the NCLEX examination are used by the California Board of

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Registered Nursing to make decisions about licensure. The California Board of Registered Nursing is the only entity in California that can release examination results to licensure candidates.

#### **Program Approval**

The education programs shall be required to have, at minimum, approval from the California Board of Registered Nursing. Section 2786 of the Business & Professions Codes states:

- (a) An approved school of nursing is one which has been approved by the board, gives the course of instruction approved by the board, covering not less than two academic years, is affiliated or conducted in connection with one or more hospitals, and is an institution of higher education or is affiliated with an institution of higher education. For purposes of this section, "institution of higher education" includes community colleges offering an associate degree. An approved school of nursing which is not an institution of higher education shall make an agreement with an institution of higher education in the same general location to grant an associate of arts degree to individuals who graduate from the school of nursing or to grant a baccalaureate degree in nursing with successful completion of an additional course of study as approved by the board and the institution involved.
- (b) The board shall determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse and shall include the minimum units of theory and clinical experience necessary to achieve essential clinical competency at the entry level of the registered nurse. The board's standards shall be designed to encourage all schools to provide clinical instruction in all phases of the educational process.
- (c) The board shall perform or cause to be performed an analysis of the practice of the registered nurse no less than every five years. Results of the analysis shall be utilized to assist in the determination of the required subjects of instruction, validation of the licensing examination, and assessment of the current practice of nursing.

In order for a program to be accredited by the board or to retain its accreditation, it shall comply with all requirements set forth in this article and in Sections 2786 through 2788 of the code. Additionally, programs should be encouraged to seek and maintain appropriate program accreditation through the professional organizations accrediting nursing education programs.

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#### **Strategies Relating to Underserved Areas**

Special consideration by the Healthcare Workforce Policy Commission is given to those nursing education programs which have developed coherent strategies for locating their graduates in California's underserved areas for registered nurses as defined by the Commission; which developed close ties with communities and neighborhoods which are experiencing a shortage of nursing care; which have success in attracting and admitting members of underrepresented minority groups to the program; and which have the best records in placing/encouraging graduates to practice in underserved areas.

#### **Clinical Components**

All education programs should include clinical practice supervised by the faculty. There should be a preceptorship designed to prepare nurses for practice in underserved areas as defined by the Healthcare Workforce Policy Commission. For the purposes of this education, a preceptorship is an experience supervised by a designated preceptor (registered nurse or physician) who has responsibility for teaching, supervising, and evaluating the trainee and providing an environment which permits observation, active participation and collaboration in the delivery of nursing care.

Pursuant to Title 16, California Code of Regulations, Section 1427:

- (a) A nursing program shall not utilize agencies and/or community facilities for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b) and (c) of this section and the policies outlined by the board.
  - (b) A program which utilizes agencies and/or community facilities for clinical experience shall maintain written objectives for student learning in such facilities, stated in measurable performance terms, and shall assign students
  - facilities, stated in measurable performance terms, and shall assign students only to facilities which can provide the experience necessary to meet those objectives.
  - (c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:
  - (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
  - (2) Provision for orientation of faculty and students;
  - (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
  - (4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;

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#### Curriculum

The curriculum shall be directed toward preparing registered nurses to effectively deliver nursing care.

Title 16, Section 1426, California Code of Regulations details the curriculum of a nursing program as follows:

- (a) A program's curriculum shall not be implemented or revised until it has been approved by the board.
- (b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a nurse who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in Section 1443.5.
- (c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units.
- (d) Theory and clinical practice shall be concurrent in the following nursing areas: medical/surgical, maternal/child, mental health, psychiatric nursing and geriatrics. Instruction will be given in, but not limited to, the following: personal hygiene, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, nursing leadership and management.
- (e) The following shall be integrated throughout the entire nursing curriculum:
- (1) Nursing process;
- (2) Basic intervention skills in preventive, remedial, supportive and rehabilitative nursing;
- (3) Physical, behavioral and social aspects of human development from birth through all age levels;
- (4) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
- (5) Communication skills including principles of verbal, written and group communications; (6) Natural sciences including human anatomy, physiology and microbiology; and
- (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health/illness.
- (f) The course of instruction shall be presented in semester or quarter units.

#### **Data Collection and Evaluation**

Each nursing education program should submit a plan for collecting nurse graduate data and should evaluate the program, and graduates to include at least the following:

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#### 1. Student Data and Evaluation

Tools shall be selected and/or developed that will provide descriptive information that may include but are not limited to the following:

- a. Number of applications for admission, number of nursing students enrolled.
- b. Data on nursing student population characteristics (e.g., age, sex, race, educational background).
- c. Students attrition and deceleration.
- d. Students fluent in a second language.

#### 2. Graduate Data and Evaluation

Tools shall be selected and/or developed that will provide descriptive information to include the following:

- a. Number and percent of graduates.
- b. Data on nursing graduate characteristics (e.g., age, sex, race, educational background).
- c. Job selection, employment setting, and location following graduation.
- d. Graduates practicing in California, practicing as a registered nurse and practicing with underserved areas/populations.
- e. Data on NCLEX pass rates.

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Standards – Special Programs
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## SONG-BROWN FAMILY PHYSICIAN TRAINING ACT STANDARDS FOR FUNDING SPECIAL PROGRAMS WITHIN NURSING EDUCATION PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et. (Developed December 2005)

Any California School of Nursing which meets the applicable Standards of the California Healthcare Workforce Policy Commission is eligible to apply for funding to support any of the following:

- A. The development of programs designed to reduce attrition rates within associate and baccalaureate degree pre-licensure nursing programs.
- B. The support of courses or programs that assist students in successfully passing the NCLEX the first time.
- C. Development of graduate level nursing programs that prepare nurses to become nursing faculty.
- D. Infrastructure to support expanded educational capacity.
- E. Development phase of new nurse education programs.
- F. Clinical or preceptorship experiences that link nursing education programs with medically underserved communities in California which appear likely to result in the location and retention of nursing graduates in such communities.
- G. Identify preceptors to increase number of clinical sites.
- H. Other programs consistent with statutes and activities of the Commission.

Programs that apply for special program funding must be able to demonstrate how the funds will be used to increase the number of RN students that graduate annually.

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SONG-BROWN FAMILY PHYSICIAN TRAINING ACT
GUIDELINES FOR FUNDING SPECIAL PROGRAMS WITHIN NURSING EDUCATION
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Developed December 2005)

#### **REDUCING ATTRITION RATES**

The Commission acknowledges data from the California Board of Registered Nursing which illustrates that a reduction in associate and baccalaureate degree nursing attrition rates by 50% could increase the annual supply of nurses substantially (by over 1,200 graduates).

Strategies to reduce attrition can include:

- Institute "preparation for success" interventions for at-risk pre-nursing students before students enroll in a nursing program.
- Establishing mitigation strategies to increase retention, including the replication of demonstrated successful practices. This may include use of case managers, tutorial, and mentoring programs for at risk students; faculty education in how to positively reinforce students; and providing support for social/economic interventions to decrease attrition.
- Integration of basic skills in the nursing curriculum including English as a second language and reading comprehension, and adjusting instructional methods to incorporate cultural awareness and improve support services.

#### **INCREASING NCLEX PASS RATES**

An important process of school to career transition is providing support to ensure a successful completion of the NCLEX exam. Consideration will be given to nursing education programs that offer review courses and study review time for new nursing graduates.

#### PREPARING REGISTERED NURSES TO BECOME NURSING FACULTY

The Commission acknowledges that one barrier to expanding the enrollment capacity of nursing education programs is directly related to an inadequate faculty supply. Consideration will be given to nursing programs that:

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- Include an education track in Masters level programs to increase the numbers of qualified nursing faculty.
- Develop educational programs that prepare nurses with non-nursing masters to become nursing faculty.
- Pilot models that offer master's education to working assistant instructors in licensed vocational nursing and RN programs.
- Offer summer institutes in nursing education to masters-prepared nurses who wish to become nursing faculty.

#### INFRASTRUCTURE TO SUPPORT EXPANDED EDUCATIONAL CAPACITY

The Commission acknowledges that the nursing shortage is predicated on many issues that can be alleviated through the use of technology and increased accessibility to existing nursing faculty. Consideration will be give to nursing education programs that:

- Implement innovative and alternative educational venues that expand capacity, make nursing education more accessible, leverage faculty resources and space, and increase enrollment in nursing programs.
- Implement web-based solutions to coordinate and maximize access to clinical training sites.
- Expand educational capacity and redesign nursing education through the use of clinical simulation technology and laboratories.
- Increase cost effective access to nursing education in regional areas with inadequate nursing education resources-- use of distance learning and web-based venues, and mobile learning vans and simulation labs in regional areas with insufficient educational capacity.
- Increasing the availability of nursing prerequisite coursework.

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## SUPPORTING THE DEVELOPMENT PHASE OF NEW NURSE EDUCATION PROGRAMS

The Commission acknowledges that there are too few nursing education programs offered throughout California. Consideration will be given to support the establishment of new accelerated (fast-track) BSN programs. Applicants must be able to demonstrate that they are potentially eligible for accreditation, if such accreditation is required by applicable Standards of the Healthcare Workforce Policy Commission, prior to consideration of an application for funding under this provision of these Guidelines.

#### STRATEGIES RELATING TO UNDERSERVED AREAS

The Commission acknowledges the importance of delivering nursing care to underserved areas of California and to areas that are multicultural or economically disadvantaged. Special consideration will be given to education programs which have the best record in encouraging nurses to practice in such areas.

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Contract Criteria
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# SONG-BROWN FAMILY PHYSICIAN TRAINING ACT CONTRACT CRITERIA FOR REGISTERED NURSING EDUCATION PROGRAM CONTRACTS PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et. (Revised FEBRUARY 7, 2002)

#### Contract Awards

- A. Each contract entered into, pursuant to the Song-Brown Family Physician Training Act, Health and Safety Code, Sections 128200, et., (hereinafter "the Act"), shall be based on the recommendation of the <sup>1</sup>Healthcare Workforce Policy Commission to the Director of the Office of Statewide Health Planning and Development recorded in the Healthcare Workforce Policy Commission official minutes.
- B. Each contract shall be for a purpose authorized by the Healthcare Workforce Policy Commission Standards for Registered Nursing Education Programs.
- C. Each contract shall be between the Office of Statewide Health Planning and Development and a Contractor authorized to apply for funds by the Healthcare Workforce Policy Commission Standards for Registered Nursing Education Programs.
- D. Purpose for Which Contract Funds May be Expended
  - Contract funds may be expended for any purpose which the educational institution judges will most effectively advance the education of nursing students, but may not be expended for any purpose specifically prohibited by State law, by these contract criteria, or by the contract with the nursing education institution.
  - Contract funds may be used for expenses incurred for the provision of nursing education, including faculty and staff salaries, nursing student stipends, alterations and renovations necessary to the provision of the nursing education programs, and supplies and travel directly related to the nursing education program.
  - 3. Contract funds may be used for new construction only when such construction is specifically provided for in the contract.

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#### II. Contract Terms

- A. Funds must be expended during such months and in accordance with such provisions as are provided in the contract, which shall be in accordance with recommendations of the Healthcare Workforce Policy Commission.
- B. Payment shall be made quarterly in arrears on the basis of amounts set forth by the Contractor with final invoice submitted within 120 days of contract's end to the Healthcare Workforce and Community Development Division. The invoice shall include the name of the person employed under this contract, certification by the Program Director that the person was engaged in activities authorized by this agreement, and costs to the Contractor for the services for which reimbursement is sought. The required invoice format shall be provided to the Contractor prior to the effective date of the Contract.
- C. Each Contract shall specify the total amount allowable under the Contract and allowable in each budget category authorized under the Contract, and shall be in accordance with recommendations of the Healthcare Workforce Policy Commission. Transfer of funds between budget categories is permitted only with express written permission of the Deputy Director of the Healthcare Workforce and Community Development Division, and only when not prohibited by other provisions of these Contract Criteria.

#### D. Method of Payment

Payment under the Act shall be at a capitation rate of \$75,000 per year for each full-time RN faculty enrolled in the education program or \$62,500 for special programs as a result of a education contract funded under this Act.

#### III. Accounting Records and Audits

#### A. Accounting

Accounting for contract funds will be in accordance with the education institution's accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures.

Education institutions may elect to commingle capitation funds received under the Act with any other income available for operation of the nursing education program provided that the institution maintains such written fiscal control and accounting procedures as are necessary to assure proper disbursement of, and accounted for, such commingled funds, including provisions for:

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- The accurate and timely separate identification of funds received under the Act.
- 2. The separate identification of expenditures prohibited by the contract criteria.
- 3. An adequate record of proceeds from the sale of any equipment purchased by funds received under the Act.

#### B. Expenditure Reporting

Reports of nursing education program expenditures and enrollment of nursing students under the contract must be submitted as requested by the Commission or the Director of the Office of Statewide Health Planning and Development for purposes of program administration, evaluation, or review.

#### C. Record Retention and Audit

- The education institution shall permit the Director of the Office of Statewide
  Health Planning and Development, or the Auditor General, or the State
  Controller, or their authorized representatives, access to records maintained
  on source of income and expenditures of its nursing education program for
  the purpose of audit and examination.
- 2. The education institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this contract (hereinafter collectively called the "records") to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this contract.
- 3. The education institution agrees to make available at the office of the education institution at all reasonable times during the period set forth in subparagraph 4 below any of the records for inspection, audit or reproduction by an authorized representative of the State.
- 4. The education institution shall preserve and make available its records (a) for a period of three years from the date of final payment under this contract, and (b) for such longer period, if any, as is required by applicable statute, by any other clause or this subcontract, or by subparagraph a or b below:
  - a. If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.

#### **REQUEST FOR APPLICATION**

Contract Criteria Page 4 of 4

- b. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this contract, or (2) costs and expenses of this contract as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the education institution until disposition of such appeals, litigation, claims, or exceptions.
- 5. Except for the records described in subparagraph 4 above, the education institution may in fulfillment of its obligation to retain the records as required by this clause substitute photographs, microphotographs, or other authentic reproductions of such records, after the expiration of the two years following the last day of the month or reimbursement to the education institution of the invoice or voucher to which such records relate, unless a charter person is authorized by the State or its duly authorized representatives.

REQUEST FOR APPLICATION

Operating Guidelines Page 1 of 2

## CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION OPERATING GUIDELINES ADOPTED JUNE 10, 1999 REVISED FEBRUARY 17, 2000

The <sup>1</sup>California Healthcare Workforce Policy Commission (Commission) values the expertise and perspective of applicants and encourages their input. In order to manage the application process in the most effective and efficient manner, the Commission has adopted operating guidelines to provide open communication that is fair and manageable and allows for progress to be made in the limited time available. The Commission hopes that the operating guidelines will allow everyone adequate opportunity for input.

#### **GENERAL COMMUNICATIONS:**

To communicate outside of Commission meetings, information and/or materials should be forwarded to the Program Administrator, who will consult with the Commission Chair as to how best to disseminate the information to Commissioners.

#### **APPLICATIONS:**

The deadline date for completed applications is firm. Information missing from incomplete applications may be submitted by 5:00 p.m. on Wednesday, March 1, 2006. Exceptions will be made at the discretion of the Chair.

Past funding does not guarantee future funding.

#### FORMAL PRESENTATIONS DURING COMMISSION MEETINGS:

No special audio visual aids may be used during presentations. Any changes in the order of presentations required by a Program Director's schedule are the responsibility of that Program Director. Staff should be notified in advance of any changes.

Presenters should identify themselves by name, title and institution at the podium.

Presentations should be a maximum of 10 minutes, not including question and answer period from the Commission.

**REQUEST FOR APPLICATION** 

Operating Guidelines Page 2 of 2

Number of presenters should be limited, preferably to one.

Presentation may include:

- Brief summary of the application
- Any new information or information not in the application
- Progress report/updates on activity
- How this application or program is different
- Key highlights/accomplishments
- Any challenges/explanation for why Song-Brown goals cannot be met.

Any new written information not in the application must be submitted to the Program Administrator and approved by the Chair before presentation to the Commission.

# CAPITATION APPLICATION (SECTIONS I to VI)

**CAPITATION APPLICATION** 

| For Commission Use Only: |  |
|--------------------------|--|
| Application I.D. No.     |  |

#### **FACE SHEET**

(To Be Completed by Applicant Agency)

Attach copies of the most recent BRN approval and/or accreditation or approval letter from the appropriate accrediting agency/board

| Name of Education Institution  |                             |                   |   |
|--|-----------------------------|-------------------|---|
| Program Director Name  | Degrees                     |                   | Title of Position   |
| Mailing Address (Organization  | ո, Street, City, State, Ziր | Code)             | Telephone No.   |
| E-Mail Address   | FAX Number                  | Federal           | Tax ID Number   |
| Funds Applying for: Capitation - New ADN Capitation - New BSN Capitation - New MSN  *Please include explanation a Grand Total Requested: | x                           | \$0<br>\$0<br>\$0 | = Total Requested = \$ = \$ = \$ ss educational levels. \$  |
| Contract Organization (Name)   |                             | Address (         | Street, City, State, Zip Code)  |
| Chief Administrative Officer Applicant Institution   |                             |                   | d Title of Contracts Officer for Institution  |
| Telephone Number (Area Code, North Contracts Officer   | lumber, Extension)          | E-Mail A          | ddress  |
| CERTIFICATION AND ACCEPTA  | NCE: We, the                | undersigned       | sign original application in <u>blue</u> ink<br>, certify that the statements herein<br>e to the best of our knowledge: |
| Program Director   |                             | Administr         | ative Authority   |
| Date   |                             | Date              |   |

### **SECTION I - Program History/Executive Summary**

| <u>Histor</u> | <u>y:</u>   |  |  |  |  |  |  |  |  |
|---------------|---|--|--|--|--|--|--|--|--|
| Ple           | ease answer the following questions in the space provided:  |  |  |  |  |  |  |  |  |
| 1.            | For your AY 2003/04, how many students total were offered <u>admission</u> to your nursing education program?   |  |  |  |  |  |  |  |  |
|               | How many nursing students were enrolled in the nursing education program in the last two academic years (AY)?  AY 2003/04 AY 2004/05  |  |  |  |  |  |  |  |  |
| 2.            | For your AY 2003/04, how many students <u>graduated</u> the education program?<br>Explain any increase or decrease.   |  |  |  |  |  |  |  |  |
| 3.            | For your AY 2004/05, how many students total were offered <u>admission</u> to your nursing education program?   |  |  |  |  |  |  |  |  |
| 4.            | For your AY 2004/05, how many students <u>graduated</u> the education program?<br>Explain any increase or decrease.   |  |  |  |  |  |  |  |  |
| 5.            | How many students are fluent enough in a second language to conduct a patient history or non-English exam? (Provide a listing of languages spoken.)   |  |  |  |  |  |  |  |  |
| 6.            | How do you define cultural competency/culturally responsive care?   |  |  |  |  |  |  |  |  |
|               | a) How do you incorporate cultural competency/culturally responsive care into your curriculum?  |  |  |  |  |  |  |  |  |
|               | b) How does it benefit or relate to your patient population?  |  |  |  |  |  |  |  |  |
| Execu         | ntive Summary:  |  |  |  |  |  |  |  |  |
| you           | ovide a summary of your application (no more than two pages) containing a brief overview of ur proposal (e.g., How do you describe the need to hire another faculty?). (This should be mbered page 3a). |  |  |  |  |  |  |  |  |

#### **Data for the Most Recent Graduating Class of Nursing Education Program**

|                                | Total<br>Students<br>Enrolled <sup>1</sup> | Students Withdrawn or Dropped <sup>1</sup> |                |              |   |    | Students Decelerating <sup>1</sup> |      |                    |              |   | Part-time |   | Students |      |              |   |
|--------------------------------|--|--|----------------|--------------|---|----|------------------------------------|------|--------------------|--------------|---|-----------|---|----------|------|--------------|---|
| Year of<br>Graduating<br>Class |  | Minorit                                    | y <sup>4</sup> | Non-<br>mino |   | То | tal                                | Mino | ority <sup>4</sup> | Non-<br>mino |   | Total     |   | Stude    | nts' | Lang<br>Rela | in a 2nd<br>uage <sup>1</sup><br>ted to<br>services |
|                                |  | #  | %              | #            | % | #  | %                                  | #    | %                  | #            | % | #         | % | #        | %    | #            | %   |
|                                |  |  |                |              |   |    |                                    |      |                    |              |   |           |   |          |      |              |   |
|                                |  |  |                |              |   |    |                                    |      |                    |              |   |           |   |          |      |              |   |
|                                |  |  |                |              |   |    |                                    |      |                    |              |   |           |   |          |      |              |   |
| Total                          |  |  |                |              |   |    |                                    |      |                    |              |   |           |   |          |      |              |   |

| Year<br>(cont'd) | Students Graduating <sup>1</sup> |   |                          |   |      |                         | Graduates |  | Graduates |   | Graduates Practicing |              |           |
|------------------|----------------------------------|---|--------------------------|---|------|-------------------------|-----------|--|-----------|---|----------------------|--------------|-----------|
|                  | Minority <sup>4</sup>            |   | Non-minority <b>Tota</b> |   | otal | Responding <sup>2</sup> |           | Practicing in<br>California <sup>2</sup> |           | in California with<br>Underserved<br>Populations <sup>2,3</sup> |                      | Continued on |           |
|                  | #                                | % | #                        | % | #    | %                       | #         | %  | #         | %   | #                    | %            | next page |
|                  |                                  |   |                          |   |      |                         |           |  |           |   |                      |              |           |
|                  |                                  |   |                          |   |      |                         |           |  |           |   |                      |              |           |
|                  |                                  |   |                          |   |      |                         |           |  |           |   |                      |              |           |
| Total            |                                  |   |                          |   |      |                         |           |  |           |   |                      |              |           |

<sup>&</sup>lt;sup>1</sup>All percentages for student columns should be shown as percents of students enrolled in the graduating class for that year (one class only)

<sup>&</sup>lt;sup>2</sup>All percentages for graduate columns should be shown as percents of total graduates for the year <sup>3</sup>Practices which serve > 50% MediCal and/or medically indigent uninsured patients

<sup>&</sup>lt;sup>4</sup>Commission Definition of Underrepresented Minority

#### **Data for the Most Recent Graduating Class of Nursing Education Program**

| Year     | Graduates Passing NCLEX Registered Nursing Exam <sup>2</sup> |                       |   |                       |    |             |       |   |  |  |  |
|----------|--|-----------------------|---|-----------------------|----|-------------|-------|---|--|--|--|
| (cont'd) |  | raduates<br>esponding | N | linority <sup>4</sup> | No | on-minority | Total |   |  |  |  |
|          | #  | %                     | # | %                     | #  | %           | #     | % |  |  |  |
|          |  |                       |   |                       |    |             |       |   |  |  |  |
|          |  |                       |   |                       |    |             |       |   |  |  |  |
|          |  |                       |   |                       |    |             |       |   |  |  |  |
| Total    |  |                       |   |                       |    |             |       |   |  |  |  |

<sup>&</sup>lt;sup>1</sup>All percentages for student columns should be shown as percents of students enrolled in the graduating class for that year (one class only)

<sup>&</sup>lt;sup>2</sup>All percentages for graduate columns should be shown as percents of total graduates for the year

<sup>&</sup>lt;sup>3</sup>Practices which serve > 50% MediCal and/or medically indigent uninsured patients

<sup>&</sup>lt;sup>4</sup>Commission Definition of Underrepresented Minority

#### SECTION I-A - Summary of Expenditures/Revenues (2004-2005 Fiscal Year)

#### **EXPENDITURES** (2004-05 Fiscal Year)

| Faculty Costs Student Stipends Costs of Nursing Education Center All other Costs |                  |
|--|------------------|
| TOTAL  |                  |
| REVENUES (2004-05 Fisca  | ıl Year <u>)</u> |
| Federal Funding  |                  |
| Research Grants Private Grants or Legacies                                       |                  |
| Institutional support (parent institution)                                       |                  |
| Nursing Education Center State of California (Family Practice Training Act       | )                |
| Tuition and/or Registration Fees Other   |                  |
| Outer  |                  |
| TOTAL  | <u> </u>         |
|  |                  |

[If total costs do not equal total revenues, please explain.]

#### **SECTION II - Organization and Affiliation**

What is the organizational status of the nursing education program in the institution (e.g., department, division)? Provide information on the names and academic titles of full-time nursing faculty at the institution on page 16.

#### **SECTION III – Education in California Primary Care Shortage Areas**

(Formerly "Areas of Unmet Priority Need")

Please provide answers to each of the following questions:

- 1. Explain the program strategy to increase the annual number of program enrollments and thereby RN graduates with the capitation funding requested.
- 2. Explain the program strategies to increase the delivery of nursing services in specific areas of California where there is a recognized priority need for nursing care services.
- 3. Explain the program strategies developed to identify, recruit and admit students who possess characteristics that would suggest a predisposition to practice in California Primary Care Shortage Areas and express commitment to serve in those areas.
- 4. Please identify a counseling and placement program designed to encourage graduates to practice in California Primary Care Shortage Areas, if you have one.
- 5. What components of the education program prepare graduates for the care of underserved populations? How many students participate in each clinical component and include the length of time spent in each.

| 6. | pes the program have a required number of hours that must be spent in an underserved clinical te (according to OSHPD specifications)? Yes or No  |    |  |  |  |  |  |  |  |
|----|--|----|--|--|--|--|--|--|--|
|    | a. If so, what is the required <u>number</u> of these hours?   | b. | If so, what <u>percent</u> of the total number of clinical hours must be spent in underserved sites? |  |  |  |  |  |  |
|    | Associate Degree Nurse (ADN) Bachelor of Science of Nursing (BSN)-initial license Bachelor of Science of Nursing (BSN)-post license Master of Science of Nursing (MSN)-entry level Master of Science of Nursing (MSN)-post license |    |  |  |  |  |  |  |  |

7. On the following page, please provide a complete address (street, city, county and zip code, no P.O. boxes) for each of your clinical sites where at least three or more students spend a portion of their clinical education. List only those that qualify based on the information provided on page 11. (A complete address is needed to geo-code for a census tract because underserved areas are comprised of census tracts.)

#### <u>SECTION III – Education in California Primary Care Shortage Areas</u>

Provide a complete address for each of your nursing education program's clinical sites where at least **three** or more students spend a portion of their clinical education. Sites are to be listed only once. List only those sites that qualify based on the information provided on page 10.

You may locate a census tract by using the "FFIEC Geocoding System" on the following web site: http://www.ffiec.gov/geocode/

| Name of Site: | Address (Street, city, state & zip code) DO NOT USE P.O. BOXES | *County & Census Tract |
|---------------|--|------------------------|
|               |  |                        |
|               |  |                        |
|               |  |                        |
|               |  |                        |
|               |  |                        |
|               |  |                        |
|               |  |                        |
|               |  |                        |

<sup>\*</sup>Provide Census Tract # if possible. If not completed, OSHPD will provide it. This information is necessary for staff to prepare an analysis of where your institution provides clinical opportunities.

#### **SECTION IV – Program Graduates**

List graduates of the education program for the 2004-05 graduating class, including the following information (on one line per graduate).

You may locate a census tract by using the "FFIEC Geocoding System" on the following web site: http://www.ffiec.gov/geocode/

| 2004-05<br>Graduate Year | Graduate Name | Ethnicity | Name of Current Practice Site<br>Street, City, & Zip Code<br>-DO NOT USE P.O. BOXES- | *County &<br>Census Tract |
|--------------------------|---------------|-----------|--|---------------------------|
|                          |               |           |  |                           |
|                          |               |           |  |                           |
|                          |               |           |  |                           |
|                          |               |           |  |                           |
|                          |               |           |  |                           |
|                          |               |           |  |                           |
|                          |               |           |  |                           |

<sup>\*</sup>Provide Census Tract # if possible. If not completed, OSHPD will provide it. This information is necessary for staff to prepare an analysis of where your institution provides clinical opportunities.

FEDERAL DESIGNATION OF MEDICALLY UNDERSERVED AREAS/FACILITIES

Federal designation means any geographic area and/or population served by any of the following practice sites:

| Practice Site Type  | <u>Acronym</u> |
|---|----------------|
| Primary Medical Care, Dental, or Mental,<br>Health Professional Shortage Area (HPSA facility)<br>(Section 332)                | HPSA           |
| Community Health Centers (Section 330)<br>(Include licensed Community Clinics, Free Clinics, and County<br>Health Facilities) | CHC            |
| Migrant Health Centers (Section 329)  | MHC            |
| Health Care for the Homeless Grantees (Section 340)   | НСН            |
| Public Housing Primary Care Grantees (Section 340A)   | PH             |
| Rural Health Clinics (Section 1861 (aa) (2) of Social Security Act) (Public Law 95-210)                                       | RHC            |
| National Health Service Corps Site, freestanding (Section 333)  | NHSC Site      |
| Indian Health Service Sites (Pubic Law 93-638 and 94-437) (Include Tribal Programs and Urban Indian Sites)                    | IHS Site       |
| Federally Qualified Health Centers (Section 1905 (a) and (1) of Social Security Act)  | FQHC           |

Health Departments-State or County

#### In relation to graduates:

Underserved refers to where the work actually occurs or the care is provided. If care is provided predominantly (>50%) in underserved sites, the graduate's practice should be considered underserved. Practice means either enter an underserved area for the first time or return to an underserved area.

#### **SECTION IV – Program Graduates (Continued)**

Record the number of graduates practicing in California underserved practice locations. **Do not** include out-of-State locations except where specifically requested (summary row labeled "c" at bottom).

| Underserved Designations   | 2004-05 Graduates | Total  |
|--|-------------------|--------|
| Area Designations:   | 2001000.aaaaa00   | - Otal |
| 7.1.01 2.00. <b>9</b> .11.11.01.01                                       |                   |        |
| <sup>1</sup> California Primary Care Shortage Areas (approved by         |                   |        |
| Commission on 2/25/04 – formerly "Area of Unmet                          |                   |        |
| Priority Need")  |                   |        |
| Health Professional Shortage Areas (HPSA)                                |                   |        |
| Medically Undeserved Area/Populations                                    |                   |        |
| (MUA/MUP)  |                   |        |
| Site Designations:   |                   |        |
|  |                   |        |
| California Licensed Community Clinics                                    |                   |        |
| (CC)   |                   |        |
| California Licensed Free Clinics (FC)                                    |                   |        |
| County Facilities (CNTY)   |                   |        |
| BPHC Community Health Centers (CHC)                                      |                   |        |
| Federally Qualified Health Centers and                                   |                   |        |
| Look-Alikes (FQHC and FQHC-LA)   |                   |        |
| Health Care for the Homeless (HCH)                                       |                   |        |
| Migrant Health Center (MHC)  |                   |        |
| National Health Service Corps (NHSC)                                     |                   |        |
| Public Housing Primary Care (PHPC)                                       |                   |        |
| Indian Health Services Tribally-Run Program (TRHP)                       |                   |        |
| Urban Indian Health Center (UIHC)  |                   |        |
| Certified Rural Health Clinic (RHC)                                      |                   |        |
| SUMMARY OF GRADUATES:  |                   |        |
| a) Total # of Grads in Above Areas in California                         |                   |        |
|  |                   |        |
| b) Total # of Grads in California, but <u>no</u> t <u>in</u> Above Areas |                   |        |
| c) Total # of Grads in Class (Include California,                        |                   |        |
| out-of -State and missing graduates)                                     |                   |        |
| % of Graduates in Undeserved Areas in California                         |                   |        |
| (a divided by c)   |                   |        |

<sup>&</sup>lt;sup>1</sup>Listing of California Primary Care Shortage Areas will be provided by e-mail. Please contact Michael Zamora of the Song-Brown Program at (916) 657-2607 or by e-mail at mzamora@oshpd.ca.gov.

<sup>\*</sup>Each graduate should only be counted once and the total number of graduates should equal those listed on page 10.

#### **SECTION IV – Program Graduates (Continued)**

If you feel you have graduates practicing in underserved areas not captured on the previous table (page 12), please explain.

#### <u>SECTION V – Education of Underrepresented Minorities</u>

List underrepresented minorities enrolled in your registered nursing education program on page 15. Please use definitions listed below.

# CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION'S DEFINITION OF UNDERREPRESENTED MINORITY

<u>Underrepresented Minority</u>\* refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include African-Americans, Hispanics or Latinos, American Indians, Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than Chinese, Filipinos, Japanese, Korean, Malaysians, Pakistanis, Asian Indian, or Thai**.

<u>American Indian or Alaska Native</u> means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community.

Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, **for example**, Cambodian, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

<u>Black or African American</u> means a person having origins in any of the black racial groups of Africa.

<u>Hispanics or Latino</u> means a person of Cuban, Mexican, Puerto Rican, and Central or South American origin, regardless of race.

<u>Native Hawaiian or Other Pacific Islander</u> means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\* As defined by the Commission.

### UNDERREPRESENTED MINORITIES (URM) ENROLLED IN REGISTERED NURSE PROGRAMS

| URM<br>CATEGORY                             | Male | Female | Total |
|---|------|--------|-------|
| American Indian or<br>Alaska Native         |      |        |       |
| *Asian                                      |      |        |       |
| Black or African<br>American                |      |        |       |
| Hispanic or Latino                          |      |        |       |
| Native Hawaiian or other Pacific Islander   |      |        |       |
| **Other URM                                 |      |        |       |
| Totals of<br>Underrepresented<br>Minorities |      |        |       |
| Total Enrollees                             |      |        |       |

<sup>\*</sup> Asian (other than Chinese, Filipinos, Japanese, Korean, Malaysians, Pakistanis, Asian Indian or Thai)
\*\* Please specify and describe relevancy to population being served

#### **SECTION VI - Faculty**

| members, whether or not sa                           | lary is requested. Begin w<br>lds less than 50 percent ti | for each of the key professional st<br>ith the Program Director. Do not in<br>me in the Education Program. Use | nclude    |
|--|---|--|-----------|
| Name (Last, First, Initial)                          |   | Academic Title<br>Program Title  |           |
| Relationship to Proposed Pr program?                 | ogram: What percentage                                    | of professional time is to be devot  | ed to the |
| Education (Begin with post-                          | high school)  |  |           |
| Institution Discipline                               | Degree  | Year<br>Conferred  |           |
|  |   |  |           |
| Honors/Teaching Awards                               |   |  |           |
| Relevant Major Research or                           | Professional Interest                                     |  |           |
| List Recent Relevant Publica                         | ations  |  |           |
| Professional and/or Researce experience to program). | ch Experience (Start with p                               | present position and list recent sign  | nificant  |

# SPECIAL PROGRAMS (SECTIONS VII to XIV)

## SONG-BROWN FAMILY PHYSICIAN TRAINING ACT REGISTERED NURSING EDUCATION PROGRAM

#### **SPECIAL PROGRAMS APPLICATION**

| For Commission Use Only: |  |
|--------------------------|--|
| Application I.D. NO.     |  |

#### **FACE SHEET**

(To be Completed by Applicant Agency)

| ·   | , , , , , ,                  | •   |
|---|------------------------------|---|
| Title of Nursing Education Program                    |                              |   |
| Program Director Name                                 | Degrees                      | Title of Position   |
| Mailing Address (Organization, Street                 | t, City, State, Zip Code)    | Telephone No.   |
| E-Mail Address  | FAX Number                   | Federal Tax ID Number   |
| AMOUNT OF FUNDS APPLYING FO<br>Grand Total Requested: |                              | [ ] (BSN)[ ]<br>[ ] (PhD/DNP)[ ]  |
| Has the nursing education program be                  | een approved by the BRN?     |   |
| [ ] Yes. On what date?                                | <b>[ ] No.</b> Explain and d | ocument, if possible:   |
| Contract Organization (Name)                          | Addre                        | ss (Street, City, State, Zip Code)  |
| Chief Administrative Officer of Applicant Institution |                              | e and Title of Contracts Officer for cant Institution   |
| Telephone Number (Area Code, Num of Contracts Officer | ber, Extension) E-Mail       | Address   |
| CERTIFICATION AND ACCEPTANC                           | <u>blue</u> ink) We, t       | Please sign original application in the undersigned, certify that the erein are true and complete to the owledge: |
| Program Director                                      | Admir                        | nistrative Authority  |
| Date  | Nate                         |   |

#### **SECTION VII - Executive Summary**

#### **Executive Summary:**

Provide a brief history of your program, e.g., program started, enrollments, and track record (no more than 1 page).

#### SECTION VIII - BRN Approved and/or Accredited Advanced Degree Program

For Associate Degree of Nursing (ADN), Bachelor of Science of Nursing (BSN), Master of Science of Nursing (MSN) programs, or Doctorate in Nursing Practice (PhD/DNP) attach copies of the most recent BRN approval and/or accreditation or approval letter from the appropriate accrediting agency/board. You must include any correspondence in regard to cited deficiencies.

#### **SECTION IX – Special Programs Description**

Provide a summary of no more than three pages of the special program for which you are seeking funding. Include a need statement and explain the innovation of your special program in meeting Song-Brown's Goals and Objectives to increase the number of RNs who will practice in medically underserved areas.

#### **SECTION X – Budget Justification**

Provide a justification statement for expenditure of funds including any in-kind or additional sources of financial support. Also, utilize the attached budget forms (Sections X-A, X-B, and X-C).

#### **SECTION X-A**

#### **BUDGET PROPOSAL SUMMARY**

Please complete a Budget Proposal Summary and line item detail for **each fiscal year** of the Special Program for funding requested (2 years maximum).

| FISCAL YEAR   | 2006-07                 | 2007-08             |                     |
|---|-------------------------|---------------------|---------------------|
|   |                         |                     |                     |
|   | LINE ITEM               |                     | FUNDING             |
| (1) Personnel   |                         |                     |                     |
| (2) Operating Expenses  |                         |                     |                     |
| (3) Major Equipment   |                         |                     |                     |
| (4) Other Costs   |                         |                     |                     |
| (5) Subtotal  |                         |                     |                     |
| (6) Indirect Costs (8% max  | kimum)                  |                     |                     |
| (7) Total Proposed Budget   |                         |                     |                     |
| Would the applicant institution pages iii-iv)  [ ] Yes [ ] No   | consider waiving the (8 | % maximum) indirect | costs? (See funding |
| (6) Indirect Costs (8% max<br>(7) Total Proposed Budget<br>Would the applicant institution<br>pages iii-iv) |                         | % maximum) indirect | costs? (See funding |

## SONG-BROWN FAMILY PHYSICIAN TRAINING ACT REGISTERED NURSING EDUCATION PROGRAM

#### **SPECIAL PROGRAMS APPLICATION**

#### **SECTION X-B**

#### **BUDGET PROPOSAL - PERSONNEL LINE ITEM DETAIL**

|       | PERSONNEL                   | % FTE | ANNUAL<br>SALARY AND<br>BENEFITS | TOTAL<br>FUNDING<br>REQUESTED |
|-------|-----------------------------|-------|----------------------------------|-------------------------------|
| 1     |                             |       |                                  |                               |
| 2     |                             |       |                                  |                               |
| 3     |                             |       |                                  |                               |
| 4     |                             |       |                                  |                               |
| 5     |                             |       |                                  |                               |
| 6     |                             |       |                                  |                               |
|       | Total Salaries and Benefits |       |                                  |                               |
|       |                             |       |                                  |                               |
| Total | Personnel Line Item         |       |                                  |                               |

#### **BUDGET PROPOSAL – OPERATING EXPENSES LINE ITEM DETAIL**

|       | OPERATING EXPENSES           | TOTAL<br>FUNDING<br>REQUESTED |
|-------|------------------------------|-------------------------------|
| 1     |                              |                               |
| •     |                              |                               |
| 2     |                              |                               |
| 3     |                              |                               |
| 4     |                              |                               |
| 5     |                              |                               |
| 6     |                              |                               |
|       |                              |                               |
| Total | Operating Expenses Line Item |                               |

#### **SECTION X-C**

#### **BUDGET PROPOSAL – MAJOR EQUIPMENT LINE ITEM DETAIL**

|       | MAJOR EQUIPMENT              | TOTAL<br>FUNDING<br>REQUESTED |
|-------|------------------------------|-------------------------------|
| 1     |                              |                               |
| 2     |                              |                               |
| 3     |                              |                               |
| 4     |                              |                               |
| 5     |                              |                               |
| 6     |                              |                               |
|       |                              |                               |
| Total | Operating Expenses Line Item |                               |

#### **BUDGET PROPOSAL -OTHER COSTS LINE ITEM DETAIL**

|      | OTHER COSTS             | TOTAL<br>FUNDING<br>REQUESTED |
|------|-------------------------|-------------------------------|
| 1    |                         |                               |
| 2    |                         |                               |
| 3    |                         |                               |
| 4    |                         |                               |
| 5    |                         |                               |
| 6    |                         |                               |
|      |                         |                               |
| Tota | I Other Costs Line Item |                               |

#### **SECTION XI – Program Replication**

Explain how your special program could easily be replicated by other nursing education programs throughout California. How would you communicate this to other nursing education programs? What is your plan for dissemination (e.g., best practices)?

#### **SECTION XII – Program Sustainability**

Explain what measures are in place to sustain your special program beyond the funding awarded by Song-Brown. If applicable, include institutional letters of support.

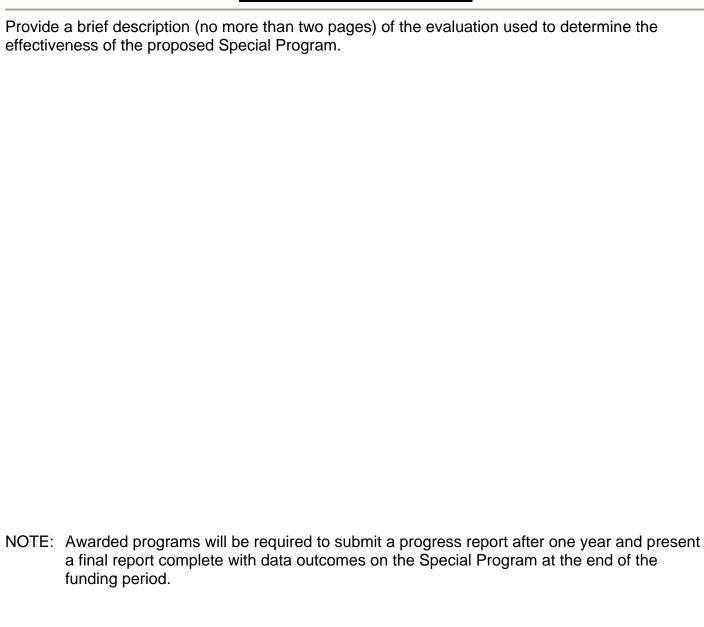
#### **SECTION XIII - Timeline**

Describe the timeline, scope of work, and resources (e.g., collaboration with other entities: state/local government, educational institutions, or clinical sites) for the proposed special program.

## SONG-BROWN FAMILY PHYSICIAN TRAINING ACT REGISTERED NURSING EDUCATION PROGRAM

#### SPECIAL PROGRAMS APPLICATION

#### **SECTION XIV – Evaluation**



#### **ADDENDUM**

If applicable, submit letters of support from other organizations that will be involved in the implementation of the project and or any additional information that would assist the Commission in making a determination for funding.

#### HEALTH AND SAFETY CODE SECTION 128200-128240

128200. (a) This article shall be known and may be cited as the Song-Brown Family Physician Training Act.

(b) The Legislature hereby finds and declares that physicians engaged in family practice are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent family physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary and economical method of increasing the number of family physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent family physicians graduated by colleges and universities of this state to provide primary health care services to families within the state.

The Legislature finds that the shortage of family physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved training of medical students and residents to meet the need for family physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong family practice program or department. It is the intent of the Legislature that the programs or departments be headed by a physician who possesses specialty certification in the field of family practice, and has broad clinical experience in the field of family practice.

The Legislature further finds that encouraging the training of primary care physician's assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the training of family physicians, lead to an improved health care delivery system in California.

Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop family practice residencies in affiliation or association with accredited medical schools, to help meet the need for family physicians in geographical areas of the state with recognized family primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and

training in the specialty of family practice and as primary care physician's assistants and primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, programs that train primary care physician's assistants and programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas. It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250).

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:

- (a) "Family physician" means a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family practice residency for three years after graduation from an accredited medical school.
- (b) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school which pertains to the family practice training program for which state contract funds are sought. This definition shall include agreements that may be entered into subsequent to October 2, 1973, as well as those relevant agreements that are in existence prior to October 2, 1973.
  - (c) "Commission" means the <sup>1</sup>Healthcare Workforce Policy Commission.
- (d) "Programs that train primary care physician's assistants" means a program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.
- (e) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.
- (f) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.
- 128210. There is hereby created a state medical contract program with accredited medical schools, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and training in the specialty of family practice or in nursing and to maximize the delivery of primary care family physician

services to specific areas of California where there is a recognized unmet priority need for those services.

- 128215. There is hereby created a Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:
  - (a) Nine members appointed by the Governor, as follows:
- (1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.
- (2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.
  - (3) One representative of practicing family physicians.
- (4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.
- (5) One representative of undergraduate medical students in a family practice program or residence in family practice training.
- (6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
- (7) One representative of trainees in a primary care nurse practitioner's program or a practicing nurse practitioner.
- (8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
  - (9) One representative of practicing registered nurses.
- (b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Rules Committee.
- (c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (e) The Chief of the Health Professions Development Program in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the commission.
- 128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars (\$25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.
- 128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.
- 128225. The commission shall do all of the following:

- (a) Identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist.
- Establish standards for family practice training programs and family practice residency programs, postgraduate osteopathic medical programs in family practice, and primary care physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for family practice residency programs shall provide that all the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall both meet the Residency Review Committee on Family Practice's "Essentials" for Residency Training in Family Practice and be approved by the Residency Review Committee on Family Practice. Standards for postgraduate osteopathic medical programs in family practice, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize family practice as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250).

For purposes of this subdivision, "family practice" includes the general practice of medicine by osteopathic physicians.

- (c) Establish standards for registered nurse training programs. The commission may accept those standards established by the Board of Registered Nursing.
- (d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments and family practice residencies and programs for the training of primary care physicians assistants and primary care nurse practitioners that are submitted to the Health Professions Development Program for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning

and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

- (e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse training programs that are submitted to the Health Professions Development Program for participation in the contract program established by this article. If the commission determines that program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article.
- Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of family practice students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family practice or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family practice or registered nurse training programs. Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.
- (g) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the development and funding of the training of primary health care teams of family practice residents or family physicians and primary care physician assistants or primary care nurse practitioners or registered nurses,

undergraduate medical education programs in family practice, and programs that link training programs and medically underserved communities in California that appear likely to result in the location and retention of training program graduates in those communities. These special programs also may include the development phase of new family practice residency, primary care physician assistant programs, or primary care nurse practitioner programs, or registered nurse programs.

The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

- (h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.
- (i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency training program pursuant to Article 2 (commencing with Section 128250).
- 128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments, family practice residencies, and programs for the training of primary care physician assistants and primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:
  - (a) Actual placement of individuals in medically underserved areas.
- (b) Success in attracting and admitting members of minority groups to the program.
- (c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
  - (d) Location of the program in a medically underserved area.
- (e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.
- 128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:
- (a) Determine whether family practice, primary care physician assistant training programs proposals, and primary care nurse practitioner training program proposals, and registered nurse training program proposals submitted to the <sup>1</sup>Healthcare Workforce Policy Commission for participation in the state medical contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

- (b) Select and contract on behalf of the state with accredited medical schools, programs that train primary care physician assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of training undergraduate medical students and residents in the specialty of family practice. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care family physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.
- (c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.
- (d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250).
- 128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that training programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250. Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.